

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-033435

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 335 Primary Registration District No. 6204 Registrar's No. 13

FILED SEP 6 1962

| | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|
| 1. PLACE OF DEATH | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) | |
| a. COUNTY <u>Texas</u> | b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Houston</u> | a. STATE <u>Mo.</u> | b. COUNTY <u>Shannon</u> |
| c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Tex Co Mem Hosp</u> | | c. CITY OR TOWN <u>Eminence</u> | d. STREET ADDRESS <u>h</u> |
| 3. NAME OF DECEASED (Type or print) | | 4. DATE OF DEATH | |
| First Middle Last <u>James Thomas Deatherage</u> | | Month Day Year <u>Aug. 20, 1962</u> | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>3-18-89</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) <u>Ink, Missouri</u> |
| 13a. FATHER'S NAME <u>Killis Deatherage</u> | | 13b. MOTHER'S MAIDEN NAME <u>Martha Chilton</u> | 14. NAME OF HUSBAND OR WIFE <u>Em C Deatherage</u> |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 17. INFORMANT <u>Howard Deatherage Eminence, Mo</u> | |
| 18. CAUSE OF DEATH (Enter only one cause per line for terminal cause) | | | |
| PART I. DEATH WAS CAUSED BY: | | | |
| IMMEDIATE CAUSE (a) <u>Cardiorespiratory Failure</u> | | | |
| DUE TO (b) <u>Cerebrovascular Accident</u> | | | |
| DUE TO (c) <u>Cerebral and General Arteriosclerosis</u> | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Previous Cerebrovascular Accident and General Debilitation</u> | | | |
| PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | | | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION COUNTY STATE |
| 21. I attended the deceased from <u>Oct. 23, 1959</u> to <u>Aug 20 1962</u> and last saw him alive on <u>Aug. 20, 1962</u> Death occurred at <u>3:15 A.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE <u>Joe A. Wall MD</u> | | 22b. ADDRESS <u>Houston, Missouri</u> | 22c. DATE SIGNED <u>8-22-62</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) | 23b. DATE <u>8-21-62</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>New Eminence</u> | 23d. LOCATION (city, town, or county) (State) <u>Eminence Missouri</u> |
| 24. FUNERAL DIRECTOR <u>Duncan Funeral Home Mtn View, Mo</u> | | 25. DATE RECD. BY LOCAL REG. <u>9-1-62</u> | 26. REGISTRAR'S SIGNATURE <u>Julia Powell</u> |

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

DATE AMENDED

VS 300
Rev. 4/59

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9331X
10
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12 1-0
13 3-0

To Doctor 5 pm Aug 20-62

Rec'd from Doctor 10: A.M. 8/28/62

To Local Registrar 10:15 A.M. 8/28/62

SEP 6 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Joe R. Duncan

Licensed Embalmer No. 4325

P. O. Address Enter View, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.